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The Impact of Product Awareness on Health Insurance Purchase among Private Organization Employees in Kwara State

Owolabi, Adenike Olanrewaju
Lecturer, Department of Actuarial Science and Insurance,
Joseph Ayo Babalola University, Ikeji-Arakeji, Osun State, Nigeria
Iyilade Yekeen Okegbade
Lecturer, Department of Insurance, The Polytechnic Ibadan, Nigeria

Abstract:
This study examines the impact of product awareness on health insurance purchase among private organization employees in Kwara State, with special reference to Access Bank plc. The study makes use of primary data that was sourced through a well-structured questionnaire. A total of one hundred (150) questionnaires were administered to the selected sample, while one hundred and sixteen (116) were properly filled and returned. The person, product moment correlation coefficient was adopted for the data analysis. The result of the analysis shows that there exist a strong positive relationship between product awareness and the purchase of health insurance ($r = 0.775^{**}$ $N= 116$, $P < 0.1$). The implication of this strong positive correlation coefficient is that a 1% increase in product awareness will result in a 77.5% increase in health insurance purchase. It is recommended among others, that there should be widespread and more room for product awareness of HIS among the private and state establishments' hospitals, so that workers in other establishments within the state will also benefit from the scheme.

Keywords*: Product, awareness, health, health insurance, private organization*

1. Introduction

Health is said to be wealth and a healthy nation is a wealthy nation. A healthy population is an indispensable resource for rapid social-economic and sustainable development all over the world. That is why a lot of emphasis is been placed on the need for quality healthcare delivery to citizens globally. Despite this indisputable fact, most countries in Africa are still faced with the challenges of providing quality healthcare services to their citizens. In particular Nigeria, which is said to be the most populous country in the Sub-Saharan Africa with estimated population of over 170million people, provision of quality, accessible and affordable healthcare remains a serious problem and this could be attributed to shortage of personnel, inadequate and outdated medical equipment's, poor funding, inconsistent policies and corruption in the health sector. Nigeria is ranked low in health care delivery by international organizations, in 2013 for instance World Health Organization (WHO) report ranked Nigeria 177 out of 200 countries; this is simply an indication of how porous Nigeria's health sector has performed in the past years. In an attempt to tackle this precarious situation in the health sector and to provide universal access to quality health care services in the country, various health policies and programs were made by successive government in the country, which include the establishment of primary health care centers, general and tertiary hospitals. These perennial problems also informed the decision of government on May 10, 1999 to sign into law the National Health Insurance Scheme (NHIS) Decree Number 35 which was meant to serve as a major strategy for effecting the needed change in function, form, structure and performance of Nigeria's health system. The scheme is aimed at providing easy access to health care for all Nigeria at an affordable cost, and through various prepayment system covering employees of the formal sector, self-employed as well as rural communities, the poor and vulnerable group.

Health insurance purchase by private sector organizations in Nigeria is contingent on a lot of factors. Although health insurance purchase depend on the factors identified above, other factors that influence health insurance purchase include; the insurance product package, government legislation, demographic variables and health challenge. The emergence of private health insurance purchase is recent in Nigeria and is a product of economic realities that government cannot alone fund the health sector of the economy.

Health insurance which could otherwise be referred to as Medical Insurance is according to Bhat and Jain, (2007) at the nascent stage of being the most preferred form of health financing mechanism, most especially in situations where private out-of-pocket expenditures on health are significantly high. (World Health Organization(WHO),2000) affirmed this in Jowett (2004) by stating that prepayment schemes like health insurance is considered to be the best form of health financing. The mechanism helps individuals to

pool their health risks and transfer risks of high and unexpected healthcare costs, particularly those associated with chronic medical conditions or the need for hospitalization, for a pre-determined fixed premium thus avoiding financial catastrophes and/or managing financial risks (Kansra & Pathania, 2012).

Health insurance is a form of indemnity insurance designed to reimburse subscribers or policyholders for financial loss arising from the use of health care. This is a one-year contract after which it becomes renewable for further annual terms both for individual and corporate markets. It (health insurance) is therefore considered as a key risk management mechanism which helps to manage and/or control the risks of mortality arising from the inability to afford a good health care service as well as financial loss resulting from health care services. It is from the foregoing, that this study gathers momentum to examine the impact of product awareness on health insurance purchase among private organizations employee's in Kwara State with special reference to Access Bank plc.

1.1. Statement of the Problem

Nigerian NHIS has been solely formal, with no provision for private employees and the informal sectors. Only a small fraction, about 15% of the entire population had access to the scheme (Bamidele & Adebimpe, 2013).Nigerians are already calling for the liberalization of the health insurance scheme as obtainable in some developed economies in order to serve Nigerians wherever they live or work. This is because NHIS in Nigeria has been characterized by a lot of misconceptions, fears about workability of scheme, concerns as regards workers financial contribution to the scheme and the sincerity of government in financing the scheme beyond formal sector (Bamidele & Adebimpe, 2013).Hence, this study is concerned about investigating the level of awareness about HIS by workers in private organizations as well as its (awareness) role in the purchase of HIS.

Insurance is a veritable tool for healthcare financing, it has been used by most advanced countries in its various forms to fund healthcare. It is only recently being applied by poorer developing nations to address the glaring problem of inadequate healthcare provision, which was hitherto financed exclusively from public taxation(Bamidele & Adebimpe, 2013). The health sector can be subdivided into two main categories, healthcare infrastructure and healthcare financing. Health funding relates directly to all production and financial activities and resources expended on goods and services consumed by or provided to the human population for the purpose of improving health. Awareness and interest towards government policies and programs can be aroused by individual attitude and behavior. Whenever there are negative perception and attitude towards these policies and programs, such policies and programs are bound to fail (Bamidele & Adebimpe, 2013). An attitude is a learned disposition to behave in a consistently favorable or unfavorable way with respect to a given object. Stated differently, it positions people into a frame of mind of liking or disliking things, of moving toward or away from them. It is acknowledged that people have attitudes toward almost everything - religion, politics, clothes, music, and food. Awareness of these government programs and activities makes the governed to have positive attitude and perception towards these programs, thus, improving their participation and responsiveness to these programs. As said earlier, this study is concerned about investigating the level of product awareness about HIS by private organizations employee's.

1.2. Objective of the Study

The broad objective of this study is to examine the impact of product awareness on health insurance purchase among private organizations employee's while the specific objectives are to:

i. Examine the degree of awareness of the health insurance scheme and its purchase.
ii. Access the challenges faced by private organizations employee's in the quest to purchase health insurance.
iii. Investigate the various health insurancepackages available to worker in private organizations.

1.3. Research Questions

The study seeks to provide answers to the following research questions.

i. What is the level of awareness of the health insurance scheme and its purchase among private organizations employee's?
ii. What are the challenges faced by worker in private organizations in the quest to purchase health insurance?
iii. What are the various health insurancepackages available to workers in private organizations?

1.4. Research Hypotheses

- H_{01}: There is no significant relationship between awareness and the purchase of health insurance.

1.5. Significance of Study

Looking critically at the aspect of product awareness, room should be created for pre and post consumption, whereby the insurance industry would not only limit itself to personal selling as the major promotional tool for the advertisement of their health insurance products. Practically, this study would provide the insurance industry with information on health insurance awareness, and other aforementioned factors, risk exposure of individuals, product acceptance and their unmet demands. This would help health insurance providers to put in place appropriate measures to fill all insurance knowledge gaps and to design new products to meet the demands of individuals, groups and government in order to increase the purchase of private health insurance.

This study will also add to existing knowledge and provide reference for future research as well as give opportunity for further research.

1.6. Scope of the Study

The main focus of this research is to examine the impact of product awareness on health insurance purchase among private organization employees in Kwara State, with special reference to Access Bank Plc.

1.7. Limitations of the Study

The research work was limited to only Ilorin in Kwara State because of time constraints, cost, and majorly because of what is called corporation secrets (non-exposure of major information's by organizations).Despite the above constraints, however serious efforts was made by the researcher to get as much available information as possible in order to highlight the problems facing Health Insurance purchase in Ilorin, Kwara State.

2. Review of Literature

Health insurance which could otherwise be referred to as Medical Insurance is according to Bhat and Jain, (2007) at the nascent stage (just beginning to develop) of being the most preferred form of health financing mechanism, most especially in situations where private out-of-pocket expenditures on health are significantly high. (World Health Organization(WHO),2000) affirmed this in Jowett (2004) by stating that prepayment schemes like health insurance is considered to be the best form of health financing. The mechanism helps individuals to pool their health risks and transfer risks of high and unexpected healthcare costs, particularly those associated with chronic medical conditions or the need for hospitalization, for a pre-determined fixed premium thus avoiding financial catastrophes and/or managing financial risks (Kansra and Pathania, 2012).

Provision of free Health Services has hitherto been a major political campaign issue. However in States where this was implemented, the health Facilities were mostly merely consulting clinics as drugs and other supplies were constantly out of stock and there were gross infrastructural decay and/or inadequacies. Health Insurance today is seen as the final result for good health; assured rest of mind, stress free thinking, reduction in health cost and financial support in a state of none. Health insurance is one of the sources of funds for financing health care which is been associated with lower out-of-pocket expenditures. People who are insured are protected against high and uncertain medical expenses and are more likely to receive needed and appropriate health care. In addition, having health insurance is associated with improved health outcomes and lower mortality, thus employees with health insurance are more likely to be productive workers (Kansra and Pathania, 2012).

A health care provider is an individual or an institution that provides preventive, curative, promotional or rehabilitative health care services in a systematic way to individuals, families or communities. An individual health care provider (also known as a health worker) may be a health care professional within medicine, midwifery-obstetrics, nursing, pharmacy, or allied health professions. Health care providers may also be a public/community health professional. Institutions (also known as health facilities) include hospitals, clinics, primary care centres, and other service delivery points. The practice of health professionals and operation of health care institutions is typically regulated by national or state/provincial authorities through appropriate regulatory bodies for purposes of quality assurance. Together, they form part of an overall health care system. The private sector is that part of the economy, sometimes referred to as the citizen sector, which is run by private individuals or groups, usually as a means of enterprise for profit, and is not controlled by the state (areas of the economy controlled by the state being referred to as the public sector). The private sector is legally regulated by the state. Health Insurance, as explained by Schneider (2004) is a risk sharing mechanism that helps to lower the out-of-pocket price and/or cover the cost of medical treatment for medical conditions that arise. It provides a policy that covers a variety of diagnostics to identify the disease, illness or injury and offers the best course of treatment to return affected individuals to the state of health they were in before suffering the disease, illness or injury. Health insurance involves the pooling of resources or funds in order to accumulate health assets on behalf of a population thus spreading and transferring financial and health risks among the population such that financial resources are no longer tied to a particular contributor. Health financing according to (WHO, 2012) is considered the collection of funds from various sources (such as; government, households, businesses, and donors), pooling them to share financial risk across larger population groups and using them to pay for services from public and private health care providers.

Health financing aims to make funds available, ensuring that individuals have access to suitable and effective choice of health services. It equally aims to ensure an affordable health care service and provide appropriate motivations for health care providers. The major sources of finance for the health sector in Nigeria are the three tiers of government (Federal, State and Local Government), public general revenue accumulated through various forms of taxation, the health insurance institutions (private and public), the private sector (firm and households), donors and mutual health organizations. The various ways in which health insurance can be subscribed to are through the social insurance such as the National Health Insurance Scheme (NHIS), Private Health Insurance (PHI) and Community Based Health Insurance scheme.Health is the prime concern of an individual. The head of the family bears the responsibility for attainment and maintenance of the health of its individual members. The individual, the family, the community and the state can be seen as Partners sharing the unavoidable responsibility to make available health to all. Though similar to service organizations, healthcare delivery organizations differ from other organizations in many aspects. Delivery of healthcare is a complex endeavor (Sheffield, 2008). The primary organizations for healthcare delivery are the healthcare providers although inter-organizational relationships with other players provide a foundation. According to Blumenthal, (1999) as cited by Guptill, (2005) says that Increasing cost of healthcare is putting pressure on access and quality of healthcare delivery. Further calls for increased accountability, because of high rates of medical errors, and globalization which leads to demands of higher standards of quality, are also putting pressures on healthcare delivery organizations.

2.1. Private Health Insurance

Private health insurance (PHI) is funded through direct and voluntary pre-payments by insured members. The payment contributed towards this type of health insurance is known as premium which is given in exchange for the security that, medical bills will be settled by insurers for all medical services used by the insured. However, benefit packages offered under private health insurance largely depends on insured people's contributions. In Nigeria, according to NAICOM (2013), approximately one million individuals who form 0.8% of the entire population hold private health insurance, meaning the private health sector is still in its nascent state. Private health insurance is a major way to reduce the out-of-pocket (OOP) expenditure which would in the long run evolve towards an extensive social health insurance system. There is therefore a need to put a suitable regulation in place for private health insurance scheme to ensure the basic principles of solidarity, solvency requirements, cross subsidization and control, since the majority of the people are not covered by the social health insurance or tax based financial health systems (Obansa and Orimisan, 2013). Private health insurance financing may equally be in the form of an arrangement by employers under which employees and a certain set of dependants receive medical treatment in designated hospitals at their (employers) expense. This can otherwise be referred to as Employee Health Scheme under the corporate market.

2.2. Health Insurance Industry: The Nigeria Experience

The Federal Government health promotion strategy has been mainly through the implementation of public health policies which, historically, have failed to meet the needs of most sectors of the society. In an attempt to achieve nationwide (universal) health coverage, The National Health Insurance Scheme, (NHIS) was established under Act 35 of 1999, and formally launched in 2003, to regulate and provide health insurance in Nigeria. Programmes under the NHIS include Formal sector programme, Informal sector programme, vulnerable groups programme. The formal Sector programme covers employees of the formal sector which includes the public sector and the organized private sector while the informal sector programmes covers those involved in the practice of skilled labor or are self-employed and the vulnerable groups programme covers infants and the physically challenged citizens. It is therefore mandatory for every organization that employs at least ten (10) or more workers to enroll their workers in the scheme. However, this is yet to meet its goal as it only covers three per cent (3%) of the country's population.

Alongside the National Health Insurance Scheme is the provision for private health insurance to support the activities of the public health policies. However, this scheme has failed to meet the health demands of most sectors of the society and subscription to the private health insurance has not really been embraced by the citizens as less than one million citizens are privately insured (NHIS, 2013).

2.3. Theoretical Review

2.3.1. Economic Theory

Besley (1999) provided a theoretical framework pointing out that the demand for health services arises from the demand for health and the demand for health insurance arises from the demand for health services. According to these authors, this is building on the economic theory of demand thus refering to health as a commodity traded-off for goods like smoking or drinking and as such demand for health of individuals can be elicited on the basis of tastes and preferences. Also, Sanusi and Awe (2009), built their findings on the economic theory that whatever is purchased depends on income available and the relative prices of commodities. When income is low and prices are high, quantity demanded of any commodity will certainly be low. They concluded by saying that healthcare demand is not exempted from this theory.

2.3.2. Theory of Expected Utility Maximization

Another theory which serves as a foundation for the researcher's work is the theory of expected utility maximization whichIsabella *et al.* (2013) adopted in their research work that individuals will choose between alternatives depending upon which offers the highest total expected utility (satisfaction derived from consumption). In the context of health insurance, there are two possible states of the world: the healthy state where one is not ill and the unfortunate state which can be described as the event of illness or fear of illness serious enough to require an individual or family to pay the full cost of necessary and efficient medical care solely out of current income or wealth. Health insurance can only be utilized in the case of illness. As a result, the utility of any form of health insurance in case of an occurrence of this state (illness) is greater than in the case of well-being.

Eleonora,Guy, Ke&Ana (2006)highlighted the role of health insurance in giving protection to the poor against various risks like illness and death etc, and opined that the micro insurance can eradicate poverty and can lead to development of the country. The study estalished that people become conscious about the health insurance between the ages of 41 and 50 years. Ebenezer&Anthony (2014) also explored the different financial avenues that are available to the patients for meeting their healthcare expenditure. But because of increase in healthcare expenses, healthcare treatment is becoming unaffordable for poor. With the increase in the demand of healthcare services from the low income group, health insurance can prove to be efficient tool for financing healthcare in a country. Pooja, & Gaurav,(2012)have concluded the presence of seven key factors which are acting as barriers to subscription to health insurance. These were lack of funds, lack of willingness and lack of awareness, lack of intermediaries, lack of reliability and lack of accessibility to services. Also the study concluded that significant relationship exists between age, gender, education, occupation and income of the respondents and their willingness to pay for health insurance while no significant relationship was found between marital status and their willingness to pay for health insurance.

2.3.3. Utility Theory

In this study, utility theory propounded by (Schoemaker, 1982) under expected utility theory states that the demand for insurance reflects individuals' risk aversion and demand for income certainty. This theory use expected utility theory to explain individuals' decision of whether or not to insure. This theory is silent about the association between households' socio-economic status and insurance enrolment.

2.3.4. Empirical Review

Generally, according to Akin *et al*., 1986 and Collins *et al*., 2006 stated that the factors affecting the demand for medical care include the prices charged for medical services, the consumer income, the quality of medical care, the distance that the consumer travels to obtain medical services, waiting time and service time. From the foregoing, it means that healthcare demand by individuals and households is influenced both by their perceived state of health- the frequency of illness (morbidity) and by economic factor such as income and prices. Economic theory has it that whatever is purchased depends on income available and the relative prices of commodities. When income is low and prices are high, quantity demanded of any commodity will certainly be low. Healthcare demand is not exempted from this theory. This is why individual's income and prices of health services must be taken into serious consideration when drawing up policies that will aim at encouraging high demand for health goods and services.

Findings have shown that as in other commodities, medical spending goes up as income increases but less than proportionally. This means that the income elasticity of healthcare demand is between zero and one. Given these small elasticity, the implication is that higher healthcare prices will cause people to reduce their demand for health goods and services, a situation, which will further increase the cost of healthcare. This is very true of the Nigerian situation, where prices of healthcare are very high even though demand for it is relatively low.

According to Saheed & Olanrewaju (2012), the Nigerian health delivery system is not affordable and also not available for all Nigerians. It becomes more expensive when treatment is taken from the specialist and teaching hospitals. Private practice delivery system is even more expensive and not too dependable and reliable for quality service. It is a case where one doctor sees to all various cases without further assistance from all other doctors. Another problem with the health system is that those who are not economically empowered or do not have sufficient incomes cannot afford to pay for any delivery system and even sometimes cannot afford to purchase drugs for simple ailments. Health insurance is economically significant because it provides funds that are not necessarily available in the period of sickness and allows individuals to purchase more health care and other goods and services in the event of illness than they would without health insurance (Cutler & Zeckhauser, 2000).

Sanusi and Awe (2009) explained increases in income which leads to a less than proportional increase in medical spending implies that higher health care prices will cause people to reduce their demand for healthcare which will further increase the cost of health care. And that this situation is true of Nigeria where prices of health care are very high even though demand for it is relatively low.

3. Methodology

The study was carried out in Kwara State with special reference to Access Bank Plc in the city of Ilorin. The choice of the location was to reduce the constraint and limitation that were likely to be encountered by the researcher to its minimum. A total of one hundred and fifty (150) questionnaires were administered to the selected sample, while one hundred and sixteen (116) were properly filled and returned. The research design of this study was based on survey method. The secondary data was collected in the form of qualitative methods and primary data was collected from both forms of qualitative and quantitative methods. The research instrument designed by the researcher was a questionnaire administered to selected respondents. Correlation and regression analysis was employ for the analysis of relationship between variables of awareness and health insurance scheme. Other statistical tools used in this study were means, frequency counts, percentages. The analysis of the survey results combined with the statistical applications allowed for the researcher to draw conclusions regarding to the objectives of the study.

3.1. Thematic Issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	28	24.1	24.1	26.7
	SA	85	73.3	73.3	100.0
	Total	116	100.0	100.0	

Table 1: Insufficient awareness campaign to the community
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	13	11.2	11.2	11.2
	A	35	30.2	30.2	41.4
	SA	68	58.6	58.6	100.0
	Total	116	100.0	100.0	

Table 2: HIS is compulsory for all staff of my organisation
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	37	31.9	31.9	34.5
	SA	76	65.5	65.5	100.0
	Total	116	100.0	100.0	

Table 3: HIS is a Federal government policy that all private organisation must embraced
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	55	47.4	47.4	50.0
	SA	58	50.0	50.0	100.0
	Total	116	100.0	100.0	

Table 4: HIS is a recent development by the Federal government to improve health status of members of the society
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	55	47.4	47.4	50.0
	SA	58	50.0	50.0	100.0
	Total	116	100.0	100.0	

Table 5: HIS has reduced the mortality rate the country among members of the working citizens
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A	42	36.2	36.2	36.2
	SA	74	63.8	63.8	100.0
	Total	116	100.0	100.0	

Table 6: A lot of organisations embraced HIS because of the reduced cost of services
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	D	14	12.1	12.1	12.1
	U	12	10.3	10.3	22.4
	A	43	37.1	37.1	59.5
	SA	47	40.5	40.5	100.0
	Total	116	100.0	100.0	

Table 7: Federal government subsidised the cost of HIS in all parastaters including private organisation
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A	63	54.3	54.3	54.3
	SA	53	45.7	45.7	100.0
	Total	116	100.0	100.0	

Table 8: All private organisations must register with HIS in Nigeria
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	D	54	46.6	46.6	46.6
	SD	62	53.4	53.4	100.0
	Total	116	100.0	100.0	

Table 9: I had never heard of any HIS before
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	28	24.1	24.1	26.7
	SA	85	73.3	73.3	100.0
	Total	116	100.0	100.0	

Table 10: I support that part of salary should be removed for HIS every month
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	35	30.2	30.2	32.8
	SA	78	67.2	67.2	100.0
	Total	116	100.0	100.0	

Table 11: I first heard of HIS few years ago
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	37	31.9	31.9	34.5
	SA	76	65.5	65.5	100.0
	Total	116	100.0	100.0	

Table 12: Adoption of HIS has helped in reducing sudden death in work places
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	55	47.4	47.4	50.0
	SA	58	50.0	50.0	100.0
	Total	116	100.0	100.0	

Table 13: The rate of utilizing health insurance scheme is now very high within formal sector in Nigeria
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	55	47.4	47.4	50.0
	SA	58	50.0	50.0	100.0
	Total	116	100.0	100.0	

Table 14: HIS covers family of the insureds
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	21	18.1	18.1	18.1
	D	5	4.3	4.3	22.4
	A	31	26.7	26.7	49.1
	SA	59	50.9	50.9	100.0
	Total	116	100.0	100.0	

Table 15: In a family, four –five persons could benefits from HIS
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	13	11.2	11.2	11.2
	D	13	11.2	11.2	22.4
	U	2	1.7	1.7	24.1
	A	23	19.8	19.8	44.0
	SA	65	56.0	56.0	100.0
	Total	116	100.0	100.0	

Table 16: Anybody that will benefit from HIS has to bear a name with the insured
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	35	30.2	30.2	32.8
	SA	78	67.2	67.2	100.0
	Total	116	100.0	100.0	

Table 17: Your organisation also responsible for the cost of insuring your relatives under HIS.
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	37	31.9	31.9	34.5
	SA	76	65.5	65.5	100.0
	Total	116	100.0	100.0	

Table 18: The cost of HIS could be paid per month in some organisation
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	55	47.4	47.4	50.0
	SA	58	50.0	50.0	100.0
	Total	116	100.0	100.0	

Table 19: The media advertisement is satisfactory
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	55	47.4	47.4	50.0
	SA	58	50.0	50.0	100.0
	Total	116	100.0	100.0	

Table 20: The mediums of advertisement are sufficient.
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	48	41.4	41.4	44.0
	SA	65	56.0	56.0	100.0
	Total	116	100.0	100.0	

Table 21: The languages of advertisement are satisfactory
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	U	3	2.6	2.6	2.6
	A	57	49.1	49.1	51.7
	SA	56	48.3	48.3	100.0
	Total	116	100.0	100.0	

Table 22: The advertisement is reaching communities and rural areas satisfactorily
Source: Field Survey (2015)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	. Advertisement	17	14.7	14.7	14.7
	Through family members	24	20.7	20.7	35.3
	Through my organization	75	64.7	64.7	100.0
	Total	116	100.0	100.0	

Table 23: What is your means of getting information on HIS?
Source: Field Survey (2015)

3.2. Test of Hypothesis

- H_0: There is no significant relationship between awareness and the purchase of health insurance.
- H_1: There is significant relationship between awareness and the purchase of health insurance.

Variable	Mean	Std. Dev.	N	R	P	Remark
Awareness	4.527429	.2739681	116	.775**	.000	Sig
Health Insurance Purchase	4.423197	.4180793				

Table 24

** Sig. at 0.1 level*

It is shown in the above table that there is a significant relationship between awareness and the purchase of health insurance (r = 0.775** N= 116, P < 0.1). The implication of this correlation coefficient is that a 1% increase in awareness will result in a 77.5% increase in health insurance purchase. Hence, it could be deduced that awareness influence health insurance purchase in the study.

4. Conclusion

The survey revealed that employees of private organizations were marginally aware of HIS activities. The employees' demographic characteristics played considerable role on level of awareness of NHIS activities. The findings of this study suggest some major implications for awareness campaign on HIS activities. There is a very high level of awarenessof Health Insurance Scheme among workers in private organizations. The health care providers performed well in the delivery of healthcare services to workers. The workers have positive attitudinal disposition towards the utilization of the scheme and have accepted the scheme. It is concluded from the study that there was a significant relationship between awareness and the purchase ofhealth insurance.

5. Recommendations

From the conclusion of the study, the following recommendation are hereby made:

- There should be widespread and more awareness of HIS among the private and state establishments hospitals, so that workers in other establishments within the state will also benefit from the scheme.
- Health insurance policies are not long-term policies and they are required to be renewed each year.
- There should be more funding for the scheme in order to sustain the continuity of the scheme and this will in turn encourage the workers not to change their attitude towards the utilization of the scheme.
- Health care providers should be provided with modern healthcare facilities in order to ensure that the healthcare providers perform better in the delivery of health care services to workers both not only in public organization but also private organizations.

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Awareness	116	3.8182	5.0000	4.527429	.2739681
Health Insurance Purchase	116	3.0000	5.0000	4.423197	.4180793
Valid N (listwise)	116				

Table 25

Correlations			
		Awareness	Health Insurance Purchase
Awareness	Pearson Correlation	1	.775**
	Sig. (2-tailed)		.000
	N	116	116
Health Insurance Purchase	Pearson Correlation	.775**	1
	Sig. (2-tailed)	.000	
	N	116	116
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 26

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.775[a]	.601	.599	.3434357
a. Predictors: (Constant), Awareness				

Table 27

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6.655	1	6.655	56.421	.000[b]
	Residual	13.446	114	.118		
	Total	20.101	115			
a. Dependent Variable: Health Insurance Purchase						
b. Predictors: (Constant), Awareness						

Table 28

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.448	.530		.845	.400
	Awareness	.878	.117	.775	7.511	.000
a. Dependent Variable: Health Insurance Purchase						

Table 29

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